

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2							52		①				
3							53						
4							54		/				
5		2					55		/				
6		2					56		/				
7		2					57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21		2					71						
22		1					72						
23							73						
24							74						
25							75						
26		①					76						
27		①					77						
28		①					78						
29		①					79						
30							80						
31	1						81						
32							82						
33		①					83						
34							84						
35							85						
36							86						
37		①					87						
38		①					88						
39		①					89						
40							90						
41							91						
42		①					92						
43							93						
44		①					94						
45							95						
46		①					96						
47		①					97						
48		①					98						
49		①					99						
50	1						100						
TOTAL IND.							TOTAL IND.	4					
TOTAL DEP.							TOTAL DEP.	525					
TOTAL CLAIMS							TOTAL CLAIMS	529					